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#### 14. ABSTRACT

The goal of this study is to help spouses serve as a support system and ease the transition for military service members returning from Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF). The program will provide telephone support group sessions to spouses designed to educate, build coping skills, improve access to services for veteran and family, and serve as a source of shared support.

The study will enroll 60 OEF/OIF spouses. Over the period of one year, each group of 5 to 6 participants and a trained Group Leader will have 12 hour-long structured telephone sessions, focusing on education, coping skills, and support. The content includes ways the returning service member, spouse and family may have changed during deployment; an emphasis on compromise and negotiation in personal relationships; strategies to reduce or eliminate reunion and reintegration difficulties; strategies to support the returning soldier; and cues to alert spouses when to seek mental health services for their soldier, children, or themselves.

Recruitment began June 1, 2009. Eleven participants have been enrolled. Two support groups are meeting monthly.

# 15. SUBJECT TERMS

Stress Disorders, Post Traumatic, Combat Disorder, Spouses, Social Support, Telephone Support

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#### INTRODUCTION.

The goal of this study is to help spouses serve as a support system and ease the transition for military service members returning from Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF). The program will provide telephone support group sessions to spouses designed to educate, build coping skills, improve access to services for veteran and family, and serve as a source of shared support, using the Spouse BATTLEMIND rubric. The study will enroll 60 OEF/OIF spouses. Over the period of one year, each group of 6 participants and a trained Group Leader will have 12 hour-long structured telephone sessions, focusing on education, coping skills, and support. The content includes ways the returning service member, spouse and family may have changed during deployment; an emphasis on compromise and negotiation in personal relationships; strategies to reduce or eliminate reunion and reintegration difficulties; strategies to support the returning soldier; and cues to alert spouses when to seek mental health services for their soldier, children, or themselves.

# BODY.

**Task 1: Develop Manual of Operations (MOP).** Initial materials were submitted to Human Research Protection Office (HRPO) Office of Research Protection (ORP) U.S. Army Medical Research & Materiel Command (USAMRMC) in October, 2008. All materials were sent to HRPO on February 26, 2009.

Completed activities related to the completion of Task 1 included:

- Finalize support group format
  - Develop outline and scripts for each educational/coping skills BATTLEMIND section/topic
- Finalize support group materials
  - Develop/modify/obtain support group educational/coping skills material
  - Compile internet resources (VA, DoD, National Center for PTSD)
  - Prepare Participant Notebooks
- Finalize screening materials
  - Finalize inclusion/exclusion criteria
  - Finalize forms and scripts
- Finalize data collection protocol/battery
  - Develop/modify forms and write scripts for each section of the battery
  - Write supporting documentation (e.g., Q by Qs for battery)
  - Identify participant alerts (e.g., depression) and appropriate actions to take
- Develop and print brochures and posters

## Products for Task 1 include:

- Manual of Operations
- Support group format, topics and scripts
- Material for each topic
- Internet resources document
- Participant Notebooks
- Screening forms and scripts
- Data collection forms and scripts and supporting documentation
- Brochures and posters

**Task 2: IRB approval.** Local IRB approval was obtained in September, 2008. Final IRB approval after HRPO changes was obtained in April, 2009.

Completed activities related to the completion of Task 2 included:

• Develop informed consent documents and obtain IRB approval

Products for Task 2 include:

Approved consent and scripts

**Task 3: Hire and train personnel.** One final staff member is being hired. All other staff have been hired, trained and certified. Staff include a project manager, data analyst, group leader, and two research associates.

Completed activities related to the completion of Task 3 included:

• Develop job descriptions, complete hiring process.

Products for Task 3 include:

· Trained and certified staff

**Task 4: Recruitment.** Approval to recruit was given in May, 2009. Recruitment began May 30, 2009. To date, 5 recruitment events (e.g., Welcome Home, Yellow Ribbon events) have been conducted. Eleven participants have been recruited. An additional four participants have been consented and are waiting for sufficient numbers to form groups and collect baseline data.

Ongoing activities related to the completion of Task 4 include:

- Work with Guard Family Readiness Groups and Reserve Family Support Units
- Provide brochures to groups that work with spouses and service personnel
- Attend Welcome Home and Yellow Ribbon events in Tennessee, Mississippi, and Arkansas
- Make presentations to health care, military, and community groups
- Send brochures to spouses or significant others of returning personnel who are at least 1 month post deployment
- Telephone and screen potential participants
- · Consent potential participants

Products for Task 4 include:

- 11 of 60 participants recruited
- · 4 participants consented

**Task 5: Intervention (Telephone Groups).** Two telephone support groups of 5-6 spouses have been implemented.

Ongoing activities related to the completion of Task 5 include:

- Schedule groups
- Provide telephone groups for intervention participants

Products for Task 5 include:

• 3 sessions have been provided for 11 participants in two groups

**Task 6: Data Collection/Data Entry/Cleaning.** Baseline data have been collected for 11 participants. ACCESS data bases are being finalized.

Ongoing activities related to the completion of Task 6 include:

· Collect data at baseline

Enter and clean data

Products for Task 5 include:

• Completed and entered baseline data collection batteries for 11 participants

Task 7: Data Analysis. No data analysis to date.

**Task 8: Preparation and Dissemination of Results.** Two presentations have been given at the Military Health Research Forum in Kansas City in September, 2009.

Ongoing activities related to the completion of Task 8 include:

• Prepare presentations

Products for Task 5 include:

• See presentations below in Reportable Outcomes

### KEY RESEARCH ACCOMPLISHMENTS.

None to date.

### REPORTABLE OUTCOMES.

Linda Nichols, Ph.D., Jennifer Martindale-Adams, Ed.D., Patricia Miller, M.A., Meghan McDevitt-Murphy, Ph.D., Karin Thompson, Ph.D., Marshall Graney, PhD, Robert Burns, MD, Lyndon Riviere, Ph.D., and Kathleen M. Wright, Ph.D. **Spouse BATTLEMIND Telephone Support Groups.** Presentation at Military Health Research Forum (MHRF), Kansas City, Missouri (Hallmark Crown Center), August 31- September 3, 2009.

Linda Nichols, Ph.D., Jennifer Martindale-Adams, Ed.D., Patricia Miller, M.A., Meghan McDevitt-Murphy, Ph.D., Karin Thompson, Ph.D., Marshall Graney, PhD, Robert Burns, MD, Lyndon Riviere, Ph.D., and Kathleen M. Wright, Ph.D. **Reintegration: The Role of Spouse Telephone BATTLEMIND Pilot Project.** Poster at Military Health Research Forum (MHRF), Kansas City, Missouri (Hallmark Crown Center), August 31- September 3, 2009.

# **CONCLUSION** (Preliminary).

Several spouses have asked for support groups to be conducted while their service member is still deployed. Active duty spouses have contacted us requesting participation.

# REFERENCES.

N/A

### APPENDICES.

Presentation abstract and poster handout included. Slides and poster available electronically on request.

#### **Abstract**

# **Spouse BATTLEMIND Telephone Support Groups**

Linda Nichols, Ph.D., Jennifer Martindale-Adams, Ed.D., Patricia Miller, M.A., Meghan McDevitt-Murphy, Ph.D., Karin Thompson, Ph.D., Marshall Graney, PhD, Robert Burns, MD, Lyndon Riviere, Ph.D., and Kathleen M. Wright, Ph.D.

**Background and Objectives**. This study will expand the Department of Defense (DoD) one time, face-to-face post deployment BATTLEMIND training for spouses of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Guard/Reserve service members into year-long, telephone groups focusing on education, skills building and support. The goal is to build spouses' resilience to cope with reintegration, help them serve as a support system for returning service members, and ease the transition for families post-deployment.

Although reintegration difficulties increase during the first year for returning personnel, face-to-face Spouse BATTLEMIND has been offered as a one-time, brief training session, which does not provide ongoing interaction as new reintegration challenges surface, and is not routinely available to all spouses post deployment. Telephone Spouse BATTLEMIND will emphasize adaptive change and capacity for continued change and will determine whether telephone groups enhance quality of life for military family members.

The long-term objective of this clinical trial is to develop the protocol and materials for Spouse Telephone BATTLEMIND groups that can be disseminated across DoD and Department of Veterans Affairs. Study aims include: 1) develop the components into a manual for later clinical translation; 2) determine the characteristics of those who are recruited and retained; 3) determine satisfaction; 4) determine adherence to recommendations; 5) determine feasibility and cost of telephone groups; and 6) determine changes in spouse self-report of depression, anxiety, and relationship satisfaction, and family problem-solving, coping strategies, and communication.

**Methodology**. The study will enroll 60 OEF/OIF Guard/Reserve spouses. Over the period of one year, 12 hour-long structured telephone groups (each with a trained Group Leader and 6 participants) will focus on education, training in and practice of coping skills and cognitive restructuring (identifying and re-shaping negative and destructive thoughts), and support. The content, modeled on Soldier BATTLEMIND, targets readjustment concepts based on the letters of BATTLEMIND. Training includes changes during deployment; negotiation skills; strategies to reduce or eliminate reintegration difficulties; strategies to support the returning service member; and cues on when to seek mental health services for any family member.

Telephone data collection will be conducted at baseline, six and twelve months. Primary outcome variables include spouse depression, anxiety, and relationship satisfaction, and family problem-solving, coping strategies, and communication. Further data will be collected on the cost of conducting the proposed intervention. Participant satisfaction will be measured with a program evaluation. Recruitment will begin in April, 2009.

**Impact**. This proactive approach to service delivery to the military family is designed to help spouses support and facilitate the reintegration of the returning service member into the family. It would eliminate barriers to receiving care: lack of local services, access, privacy concerns, and travel. The consequences of deployment and combat exposure can affect marriage and families negatively. The study will offer spouses support throughout the first year post-deployment, when returning service members' mental health symptoms typically increase and are likely to affect spouse and family relationships.

Military Health Research Forum (MHRF), Kansas City, Missouri (Hallmark Crown Center), August 31-September 3, 2009.

#### Poster Handout

### REINTEGRATION: THE ROLE OF SPOUSE TELEPHONE BATTLEMIND PILOT PROJECT

Linda Nichols, PhD; Jennifer Martindale-Adams, EdD; Patricia Miller, MA; Meghan McDevitt-Murphy, PhD; Karin Thompson, PhD; Marshall Graney, PhD; Robert Burns, MD; Lyndon Riviere, PhD; and Kathleen M. Wright, PhD

#### **Background**

- Deployment and combat exposure consequences can negatively affect marriage and families
- During first year post-deployment, returning service members' mental health symptoms typically increase
- During first year post-deployment, reintegration challenges typically surface and are likely to affect family relationships

• Implement telephone groups for spouses of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Guard/Reserve service members

- Ways the returning service member, spouse and family may have changed during deployment
- Emphasis on negotiation in personal relationships
- Strategies to reduce or eliminate reintegration difficulties
- Strategies to support the returning service member and the family

#### **Impact**

- Proactive approach to service delivery to the military family
- Facilitate the reintegration of the returning service member into the family
- Ease the transition for families post-deployment
- Enhance quality of life for military family members
- Strengthen the family's ability to cope with reintegration concerns
- Build spouses' resilience to cope with reintegration challenges
- Help spouses serve as a support system for returning service members
- Eliminate barriers to receiving care: lack of local services, access difficulties, childcare, long distances to travel, privacy concerns

#### **METHODS**

### **Objectives**

- Determine feasibility
- · Assess satisfaction
- Assess changes in spouse well-being
- Assess changes in family strength

- Develop a manual for clinical translation
- Determine characteristics of those recruited and retained

Aims

- Determine participant satisfaction
- Determine participant adherence and commitment
- Determine feasibility and cost of telephone groups
- Determine changes in participant outcomes

#### **Inclusion Criteria**

- Be married to an OEF/OIF service member who is at least 1 month postdeployment
- If not married, must have lived as married for at least one year
- Live with the service member when not deployed
- Have been a spouse during deployment
- · Have a telephone

## Sample

• 60 OEF/OIF Guard/Reserve spouses

# **Study Design**

- Based on post deployment Soldier **BATTLEMIND**
- Based on one-time face-to-face Spouse BATTLEMIND (1.5 hours)
- Structured and targeted problem based

- **Exclusion Criteria** • Auditory impairment that would make telephone use difficult
- Service member does not give assent

#### Intervention

- Twelve monthly telephone support sessions over one year
- Each group of 5-6 spouses and Group Leader
- Spouse Workbook with materials for each topic and red flag behaviors
- Intervention addresses: Skills building (e.g., negotiation, role realignment, managing negative thoughts, communication); Education (e.g., deployment and combat effects, changes); Support

# **Data Collection**

- Mixed methods (quantitative and
- qualitative data and analyses)
  Telephone data collection at baseline, 6 months, and 12 months

# Outcomes

**Primary outcomes** Spouse depression

Spouse anxiety Spouse relationship satisfaction

Family problem solving Family coping strategies Family communication

Feasibility outcomes

Recruitment and retention Satisfaction Adherence Cost

SESSION TOPICS	SESSION CONTENT
1 Introduction	Introductions and format of the telephone support group; Expectations; Transition from combat zone to home zone; Normalize transition difficulties; Discuss adaptation as goal; Overview of the content of the intervention and the Participant Workbook; Problem solving model and techniques to be used during each session; Use of cognitive restructuring techniques to be used during each session
BATTLEMIND Sessions	·
2 <b>B</b> onds (Social Support)	Coping skills; Social reintegration; Spouse/service member support during and post-deployment; Strategies to increase positive family/couple time; Open communication; Community reentry for service member; Spouse support of service member
3 Adding and Subtracting Family Roles	Negotiating family roles; Communication; Loss of service member roles and addition of spouse roles; Expectations post-deployment; Shared roles; Strengths of couple and family; Effective negotiation; Reset roles/expectations of family post-deployment
4 Taking Control	Negotiation skills; Stress reduction skills; Escalating body signals; Time out; Anger management; Relaxation strategies to manage stress; Awareness of stress levels in spouse or family members
5 Talking It Out	Communication skills; Expectations of others and self; Clear, open, and consistent communication and boundaries; Active listening skills; Healthy conflict resolution strategies to fortify mutual goals
6 Loyalty and Commitment	Commitment to relationship; Strengthening support to each other; Understanding dynamics of couples in relationships; Importance of commitment and encouragement; Optimum functioning as individuals, as couple, and as family
7 Emotional Balance	Communication skills and strategies; Coping with emotions and intimacy; Fidelity and trust; Emotional grounding for self-control; Compassion for service member; Timing in return to intimacy; Unrealistic expectations; Expressing emotional needs
8 Mental Health and Readiness	Recognition of need for mental health assistance; Local and national resources; Reinforcing resiliency; Recreating good coping skills; PTSD and TBI behavior changes and expectations
9 Independence and Interdependence	Changes in spouse and service member's independence; Restoring interdependence; Support of individuals' and couple's independence; Healthy and unhealthy beliefs about relationships; Healthy communication techniques; Effective methods to negotiate and make decisions
10 Navigating the Military/ VA/Community System	Resources for all family members; Strategies to ensure timely assistance; Community support for military families; Proactive strategies to ask for help from family, friends and community
11 <b>D</b> enial of Self (Self-Sacrifice)	Express appreciation for spouse and service member sacrifices; Honoring commitments to each other and to the country; Planning for your future
Termination Session	
12 Moving Forward	Discuss gains, next steps; Areas needing continued attention; Cues for family members needing help; Recap of intervention with emphasis on resiliency for continued strengthening; Identify and proactively approach and solve situations that are normal part of reintegration

Note: "Red Flag" behaviors and resources to address discussed at each session

#### **SESSION ACTIVITIES**

### • Welcome and Introduction (5 minutes)

Welcome members Group Rules Signal Breath

### • Check In (15 minutes)

Updates, concerns or changes Last session commitments Problem-solve difficulties

### • Quotation (2 minutes)

Quotation related to topic Reflection

### • Didactic Presentation (15 minutes)

Brief overview

Group members' comments on relevance

Presentation of topic

Discussion

Highlight "red flags" and resources to address

## • Practice and Ways to Implement Strategies (20 minutes)

Discussion

Strategies and activities to try

Practice use of strategies and activities

Commitments

#### • Closure (5 minutes)

Summarize

Next session date and topic

Ask members to review Workbook

Encourage use of Signal Breath and strategies identified

Provide support and encouragement

This research is supported through the Department of Defense Congressionally Directed Medical Research Program (W81XWH-08-2-0195) and the Department of the Army Medical Research Acquisition Activity. It is also supported in part by the Office of Research and Development, Department of Veterans Affairs, and the Memphis Veterans Affairs Medical Center.

# SUPPORTING DATA.

N/A